

FILED DEC 3 1943

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4806

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital No. 20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-13-43-11-11-43
(Specify whether years, months or days)

In this community 10 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1530 Park
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ELNORA HARRIS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 3 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>1</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name John Williams

13. Birthplace Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Mills

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 11-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Thayer & Green Street

(b) Address 1819 E. 15th K.C. Mo

19. (a) 11-15-43 (b) J. E. Brown
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from July 13 43 to November 11 1943
that I last saw her alive on November 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia meningitis Duration _____

Due to Diabetes Mellitus

Due to 61

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signa _____ (M. D. or other) _____

Address Gen Hospital - 600 E. 22 Date signed 11-12-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Gregory J. Flynn*.....

Licensed Embalmer No. *2211*.....

P. O. Address *1819 E. 15th KC*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.